## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark Hans Emanuel 3734 Art Unit : Examiner : Vy Q. Bui Serial No.: 09/486,977 Filed Confirmation No.: 6804

: March 6, 2000

Notice of Allowance Date: January 29, 2007 : SURGICAL ENDOSCOPIC CUTTING DEVICE AND METHOD FOR ITS USE Title

## MAIL STOP ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

## RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed January 29, 2007, and to the Supplemental Notice of Allowability dated April 26, 2007, enclosed is a completed issue fee transmittal form PTOL-85b. The fee in the amount of \$1730 (\$1700 for publication and issue fees and \$30 for copies) is being paid concurrently herewith on the Electronic Filing System (EFS) by way of Deposit Account authorization. Please apply any other charges or credits to Deposit Account No. 06-1050

Respectfully submitted,

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Date: April 30, 2007

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PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885 or Fax INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be rougheted where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or 26161 7590 01/29/2007 transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated FISH & RICHARDSON P.C. P.O. Box 1022 Minneapolis, MN 55440-1022 (Denositor's name) (Signature) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 09/486,977 03/06/2000 Mark Hans Emanuel 00167-404001 TITLE OF INVENTION: SURGICAL ENDOSCOPIC CUTTING DEVICE AND METHOD FOR ITS USE APPIN TYPE ISSUE FEE TOTAL FEE(S) DUE \$300 \$1700 04/29/2007 nonprovisional \$1400 ARTINIT CLASS-SUBCLASS BIII VV O 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the CFR 1.363). 1. Fish & Richardson P.C. names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single ] Change of correspondence address (or Change of Correspondence firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent Address form PTO/SB/122) attached. 1 "Fee Address" indication (or "Fee Address" Indication form attorneys or agents. If no name is listed, no name PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Smith & Nenhew, Inc. Memphis, TN Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] individual [X] corporation or other private group entity [ ] government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.

Payment by credit and P [X] Issue Fee [X] Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. [X] Advance Order - # of Copies \_ [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to 10 Deposit Account Number 06-1050 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) The Director of the USPTO is requested to propose leafur five family 2007. In Director of the USPTO is requested to propose leafur five family 2007. The Director of the USPTO is requested to propose leafur five family 2007. The leasure fee and Publication Fee for a Requisity of use the accepted from anyone other than the applicant, a registered agent or, or the assignee or other party in interest as shown by the records of the United Stanfor from any proposed from anyone other than the applicant, a registered agent or, or the assignee or other party in interest as shown by the records of the United Stanfor from any proposed from anyone other than the applicant, a registered agent or, or the assignee or other party in interest as [ ].a. Applicant claims SMALL ENTITY status. See 37 CPR 1.2.7.

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April 30, 2007